

IN THE UNITED STATES DISTRICT COURT  
MIDDLE DISTRICT OF TENNESSEE AT NASHVILLE

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U.S. DISTRICT COURT  
MID. DIST. TENN.

DARRELL WADE HEARD,  
TDOC #370271,

PLAINTIFF,

VS.

CIVIL ACTION NO.3:17-cv-01248

Judge Aleta A. Trauger

TONY PARKER, Commissioner of  
T.D.O.C.; CENTURION OF  
TENNESSEE (MEDICAL); DR. HAU  
LA, M.D.; MR. SHOA MA, NURSE  
PRACTITIONER; and DR. THOMAS J.  
LIMBIRD, M.D.,

DEFENDANTS.

Motion DENIED as MOOT.



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**MOTION FOR STATUS ON ALL MOTIONS  
PARTICULARLY STATUS OF:  
MOTION FOR STATUS HEARING with  
MOTION FOR PRODUCTION  
TRANSPORTATION ORDER REQUEST (Filed: January 5, 2018)**

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**COMES** now, Darrell W. Heard, Plaintiff, *pro se*, TDOC No. 370271, who moves this honorable court for a status of the motion for status hearing with motion for production transportation order request, filed January 5, 2018.

Plaintiff avers the following:

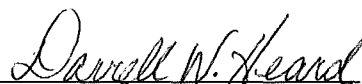
1. That Plaintiff is not an attorney, is handicapped, and his rights may be violated and taken advantage of by the defendants if his *motion for appointment of attorney* is not granted (SEE MOTION FOR APPOINTMENT OF COUNSEL IN RECORD);
2. That this court has received the motion for status hearing with motion for production transportation order request filed on January 5, 2018. (SEE Exhibit 1);
3. Plaintiff maintains his claim has merit, where this court has jurisdiction over the subject matter and plaintiff to adjudicate his claim for relief, and is entitled to a reply from the court on each of his motions;
4. FOR THE RECORD, the court has been advised that the plaintiff continues to suffer from physical pain and other medical complications which he, now, solely relies on

this court to rectify because the [Medical Department] defendants (**Centurion of Tennessee, et. al.**) have refused to respond to plaintiff's reasonable requests to resolve this complaint; and,

5. That setting a *status hearing* with the production of the **physically crippled** plaintiff -- who is in **imminent danger** and continues to be in pain and suffering -- is vitally necessary for this court to receive **VISUAL** as well as SUBSTANTIAL relevant material evidence to see that plaintiff's claim has great need of immediate attention, especially because of the life and death situation which -- if unattended -- would *permanently* cripple (physically) the plaintiff for life, resulting in aggravated and additional pain and suffering because the defendants have failed to respond to plaintiff's request to schedule a medical doctor -- as promised by R.M.S.I. Staff -- to facilitate and begin providing adequate *reasonable required* **necessary** care and treatment to the plaintiff with a scheduled appointment to see a specialist in hip surgery to repair the damage aggravated and caused by the defendants. (Clearly, an Eighth Amendment Violation of Cruel and Unusual Punishment as described in the U.S. Constitution to the United States.) (SEE Exhibit 2)

**WHEREFORE**, plaintiff prays for a *response* to his filed motions, and a Transportation Order be issued in this instant case in the interests of justice, especially for this honorable court to see the plaintiff's **physically declining condition**, which is *prima facie* evidence in this case supporting plaintiff's case.

Submitted this 23<sup>rd</sup> day of Feb, 2018.

  
DARRELL W. HEARD  
Plaintiff  
RMSI- #370271 5C-101  
7475-Cockrill Bend Blvd.  
Nashville, TN. 37209

IN THE UNITED STATES DISTRICT COURT  
MIDDLE DISTRICT OF TENNESSEE AT NASHVILLE

copy  
Exh. 1

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LA, M.D.; MR. SHOA MA, NURSE  
PRACTIONER; and DR. THOMAS J.  
LIMBIRD, M.D.,

DEFENDANTS.

Judge Aleta A. Trauger

---

**MOTION FOR STATUS HEARING with  
MOTION FOR PRODUCTION  
TRANSPORTATION ORDER REQUEST**

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**COMES** now, Darrell W. Heard, *pro se*, TDOC No. 370271, who moves this honorable court to schedule a **Status Hearing** issue the following *Transportation Order* to the Tennessee Department of Correction for the Plaintiff, Darrell W. Heard, *pro se*, TDOC No. 370271, housed at Riverbend Maximum Security Institution, Nashville, Tennessee to be transported to the Federal Courthouse in Nashville, Tennessee for the *Status Hearing* before this court, and to be returned to Riverbend the same day after completion of the hearing. (Plaintiff has a Constitutional Right to be at every stage of the case process.)

**JUSTIFICATION**

1. Plaintiff is not a lawyer, nor schooled in the law and should be given consideration for his lay inabilities.
2. Plaintiff maintains his claim has merit, where this court has jurisdiction over the subject matter and plaintiff to adjudicate his claim for relief.
3. From the record, the court will note that the plaintiff continues to suffer from physical pain and other medical complications which he, now, solely relies on this court to rectify because the [Medical Department] defendants (**Centurion of Tennessee, et.**

Reference To Case# Attachment Sheets (1-5) ① Exh. 2  
3:17CV01248  
DARRELL W. HEARD# 370271

Feb, 22, 2018

V.S.  
TONY PARKER, et al.  
AND DEFENDANTS

Dear Judge TRAUGER,

The defendants in this CASE ARE intentionally dragging out their Sole Responsibility of locating AND Retaining ANOTHER Qualified ORTHOPEDIC Hip Replacement specialist for me to see. The defendants have Exceeded AND Surpassed the mandated time limits which Requires the health CARE Provider to have the inmate (myself) At the CONSULT "Within 60 days" AFTER the APROVAL of the Referred AND APROVED CONSULT, ACCORDING AND specified by  
NOTE → Index#: 113.2 page 3 — Authority TCA 4-3-603/ AND TCA-4-3-606.

- I WAS Referred by DR. CHARLES SIDBERRY (PRIMARY Doctor) At Riverbend ON "AND" FOR A 3<sup>RD</sup> OPINION ON (10.4.017.)
- A DR. CONWAY SECRETLY RETRACTED the APROVAL of this 3<sup>RD</sup> OPINION ON (10-12-017) STATEING WE DO NOT DO 3<sup>RD</sup> OPINIONS.
- I WAS then "INAPPROPRIATELY" scheduled by ANOTHER Doctor named DR. TURNEY to Go Back AND see the (DEFENDANT) DR. THOMAS J. LIMBIRD ON (11.29.017). I WAS to see DR. LIMBIRD this time At Centennial Hospital "INSTEAD" OF MEHARRY Hospital where I HAVE ALWAYS seen Him. I Believe this WAS intentionally Done to Create A Huge impropriety AND CONFLICT OF INtrest IN ORDER to GET the CASE Dismissed. CENTURION medical is Well AWARE of what they Did AND what they ARE DOING All IN EFFORTS OF DERAILING the CASE AND Dodging ANY Liability.



It has now been well over (120 days) since I was approved "AND" scheduled to see a Hip Specialist in regards to my very serious Bone Disease of AVASCULAR NECROSIS "which is" worsening by the day AND keeping me in constant, severe, AND UNbearable Pain.

The Defendants (CENTURION OF TENN. LLC.) have been claiming for months now that they cannot find another Hip Replacement specialist "OR" surgeon anywhere in the entire state of Tennessee who will work "OR" treat inmates who are incarcerated "OR" in the TDOC.

**I Attest** that this excuse is UNbelievable, UNtrue, AND Rediculous. This excuse serves only one purpose which is to drag out, delay, AND Deny me the medical intervention I deserve AND require "As well," the only thing that will cure me "which is" A Total Right Hip Replacement. This much needed procedure will cure me of this Bone Disease, Blood Flow Restriction issues, AND hopefully stop further deterioration of my Right Femur.

Note →

I Am asking "NOT ONLY" set AND approve a date for a status hearing "BUT TO ALSO" ORDER AND place AN Injunction against CENTURION MEDICAL LLC. To secure, provide, AND pay for a outside the Belm of their own contracted doctors, A compident AND Resonseable hip specialist "AND" surgeon for me "NO MATTER" what the cost is "OR" how it may effect their Profit MARGINES At CENTURION Medical of TENN. LLC. AND To DO this within A 30 DAY Window of the ORDERED Injunction by this court. This is Paramount!

This irreversible "AND" Necrotic Bone Deterioration Disease is "AND" was Caused by the Excessive AND Abuseive use of High doses of Powerful steroids by the Defendants. This entire Medical Crises was inflicted on me by incompetent Health Care Staff AND Providers.

~~Therefore~~, I Attest that Fixing me, my Hip, AND very Possibly my Right Femur "AND" Stopping the Deterioration From Progressing should be "First AND Foremost" in the Heads of everyone involved OR concerned in the matter.

I Respectfully Request that this Court Demand AND Order Centurion Medical of TENN. LLC. to take the sole Responsibility in which they Contracted out to DO "AND" make me whole ONCE AGAIN At NO MATTER what the Cost.

I Am Also Respectfully Asking that this Court Answer All the Motions AND Request that have been Filed Since the ORIGINAL Filing of this CIVIL SUIT ON Sept, 11, 2017.

There has been Absolutely "NO" Decisions OR Rulings made ON ANY of the motions OR Request since Sept 11, 2017.

I Am "ONCE AGAIN" Requesting that I be Apointed Legal Representation in this Case Due to the severity of my medical issues, The Fact I Am in Constant AND Severe Pain "AND" that I Am in Fact in Imminent Danger of looseing my limbs AND my life. The Further these issues ARE Allowed to Progress, The Higher my Risk goes up of looseing my ENTIRE Right legg OR my life.

I Am a Insulin Dependant Diabetic which also CAN change

Everything As time goes on "OR" if my Diabetes worsens.  
 The Risk of Complications OR Infections After Surgery  
 ARE High Enough At this Point. I Need to Get this Hip  
 Replaced "NOW" while my Risk is minimum "AND" while my  
 sugar is UNDER CONTROL. I'm doing my PART! They Need to AS Well!  
 There is "NO" Saving these Ball joints, my Right Hip, OR  
 the upper part "AND" Ball joint HEAD of the Right Femur.

This AVASCULAR Necrosis (NACROTIC) Bone Disease is  
 IRREVERSABLE "AND" PERMANENT DAMAGE - DEAD!!  
"NACROTIC" means DEAD Bone!! DEAD IS DEAD!! "

I Am in Extreme imminent Danger of loosing  
 my limbs "OR" possibly my life if these issues AREN'T  
 Dealt with immediately. I Am no longer taking ANY  
 Kind of NARCOTICS "OR" OPIOIDS which means the  
 Pain levels ARE CONSTANT AND SEVERE. I DID NOT WANT  
 to be dependant "OR" Adicted to the Loritabs OR Morphine.

I Desperately Need A lawyer to Help me with the  
 Complex LEGAL TERMS, AND litigation that is INVOLVED  
 with A CASE of this NATURE. I Depend on A CAIN For Mobility.

Note → I Am Not Physically Able "OR" Fit to sit "OR" stand for ANY  
 period of time "MUCH less" CONCENTRATE "OR" litigate  
 while under so much stress "AND" IN SO MUCH PAIN.

It should be Noted AND be MADE PART of the RECORD  
 that the R.M.S.I. Health Administrator (melissa Adams)  
 has Relayed to me From CENTURION MEDICAL OF TENN LLC,  
 Central office "ON OR ABOUT 10-12-017" the fact that they  
 can't find another hip specialist ANYWHERE in the state.



CENTURION also told Melissa Adams to tell me that "if I could find ANOTHER Doctor, Hip specialist, OR Surgeon that would see me, To Give them the Name OR NAMES AND they would send me to them FOR treatment. "NO Problem" !! What happened?

I Gave them 2 Hip specialist NAMES but NEVER heard a WORD back FROM CENTURION OR HEALTH Administrator (Melissa Adams).

The FIRST WAS - DR. Gautsch AND PARTNER - (PARTNER Does Hips) Practice. Southern Sports medicine Gallatin, TENN. - (3<sup>RD</sup> <sup>RANKS</sup> Best in the U.S.)

The 2<sup>ND</sup> WAS - DR. Bill Kurtz (5 stars) NO BAD Reviews Practice. St. Thomas Hospital Nashville, TENN.

I Am Respectfully Asking that this Court Vigorously Pesuade OR Request that Centurion seek the Help of these outside the ReIm medicle groups AND Doctors.

Note → I HAVE only 18 months left on A 15 year sentence.

I Desperately Need to be whole Again, get surgery, Rehabilitate my Body, AND Be able to work IN ORDER to support myself once Released ON NOV, 07, 2019.


CENTURIONS PLANN is to DRAG this out NO matter what it Does to me OR my HEALTH in the next 18 months - Kick me out of PRISON AND let the TAX PAYERS Pay the Cost of their INcompidence, Neglect, AND liability issues.

I Disagree with this whole HEARTedly !!

They Caused Every bit of these Necrotic Bone issues "AND"

I HAVE been in prison for 15 years - They must be HELD responsible



 <p style="text-align: center;">ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index #: 113.12	Page 1 of 4
	Effective Date: June 1, 2015	
	Distribution: A	
	Supersedes: 113.12 (7/15/11) PCN 11-39 (11/1/11)	
Approved by: Derrick D. Schofield		
Subject: SPECIALTY CONSULTANT SERVICES		

- I. AUTHORITY: (TCA 4-3-603 and TCA 4-3-606.)
- II. PURPOSE: To ensure that the availability of specialty consultation and services for inmates are consistent with community standards for health care.
- III. APPLICATION: Wardens, Associate Wardens, health administrators, health care staff, medical contractors, inmates, and privately managed institutions.
- IV. DEFINITIONS:
  - A. Central Dispatch Office (CDO): A function of the office of Director of Classification which coordinates, and schedules, the transfer and transportation of inmates.
  - B. DeBerry Special Needs Facility (DSNF) Scheduler: The DSNF employee(s) assigned to coordinate the scheduling of approved inmate specialty consultation services.
  - C. Utilization Management Entity (UME): The person(s) or contractor designated by the Tennessee Department of Correction (TDOC) to process all requests for inpatient and outpatient specialty care.
- V. POLICY: Consultation by a medical specialist or other health professional, as well as any prescribed treatment, shall be made available when it is determined that an inmate requires specialty care beyond the training or expertise of the institutional health care staff or institutional resources.
- VI. PROCEDURES:
  - A. General
    1. All requested consultations or services (including elective surgeries) shall be reviewed by the UME to determine medical necessity. Services shall be approved and performed only when they are determined to be medically necessary to correct a substantial functional deficit, or if when an existing pathological process threatens the well-being of an inmate over a period of time. To facilitate such requests, health care information shall be released in accordance with Policy #113.52.

Effective Date: June 1, 2015	Index # 113.12	Page 2 of 4
Subject: SPECIALTY CONSULTANT SERVICES		

2. The TDOC UME shall make every effort to provide specialty consultant services locally when feasible for those inmates housed in Davidson County. Otherwise, specialty care, consultations, and diagnostic testing shall be primarily provided at the DeBerry Special Needs Facility (DSNF) for males and the Tennessee Prison for Women (TPFW) for females. Specialty consultant services may also be provided at an alternative site as determined by the UME when such services are beyond the capability of the facility.
3. For inmates housed at a privately managed facility, specialty consultant services shall be approved or denied by the UME within seven working days from the date of referral.
4. At least annually, the UME of both the TDOC and the privately managed facilities shall provide an updated, written list of outpatient and inpatient referral sources for designated facilities. The list shall be distributed to all applicable facilities and the Director of Clinical Services.

B. Consultation Request Process, Evaluation, and Classification

1. Referrals to specialists shall be made only by a licensed medical provider (physician, dentist, optometrist, or mid-level provider). The licensed medical provider should only request a referral for an inmate if he/she can justify that the inmate's condition is causing (or may potentially cause) the inmate undue suffering, severely limiting the inmate's ability to participate in activities of daily living, or is expected to worsen in severity. All referrals for services shall be subject to the approval of the UME.
2. All requests for consultation and/or specialty care shall be submitted to the UME in the manner designated by the UME and approved by the State. The licensed medical provider requesting the service shall provide pertinent information to justify the medical necessity of the request. Entries shall include a detailed history consisting of an evaluation, suspected diagnosis (if known), and results of laboratory or radiology studies, etc.
3. Requests that are not deemed to be medically necessary but require more intervention at the primary level shall be returned with a written explanation. For all institutions, the TDOC Director of Clinical Services, in conjunction with other staff, shall have the authority to reverse or modify decisions made by the Utilization Management Entity (UME).
4. All routine requests shall be evaluated and classified based on the urgency and priority of need. All emergency requests shall be addressed in accordance with Policies #113.04, #113.30, and #113.32.

Effective Date: June 1, 2015	Index # 113.12	Page 3 of 4
Subject: SPECIALTY CONSULTANT SERVICES		

C. For TDOC Facilities Only:

1. Approval of Specialty Consultation Requests: Once approved, specialty consultations shall be scheduled by the UME. The date, time, provider, and location of the appointment shall be communicated to the DSNF scheduler and/or the institution requesting the consultation request. All approved referrals shall have a designated appointment date as indicated below from date of approval:
  - a. Urgent referrals within 14 working days
  - b. Routine referrals within 60 calendar days
2. Coordination of Specialty Consultation Services: The DSNF scheduler shall record approved consultations and appointments on LIMA (in e-TOMIS). He/she shall coordinate transportation from DSNF to off-site specialty consultations through the Central Dispatch Office and shall document the transfer on LIMA.
3. Inmate Notification of Off-Site Medical Appointments: The health care staff shall meet with the inmate to ensure that he/she understands that a consultation or procedure has been scheduled and that he/she will be transported for this purpose in the near future. The health care staff of the sending institution shall then review the inmate's health record to ensure that all documentation is in order for the consultation or procedure no later than three days prior to scheduled transportation. At no time shall staff inform an inmate of the specific date, time, or location of an off-site medical appointment.

D. Inmate Refusal of Health Services: An inmate's refusal of health services shall be addressed in accordance with Policies #113.51 and #113.15.

1. In the event the licensed medical provider believes the inmate's refusal is life or limb threatening, he/she shall counsel the inmate regarding the potential health consequences of the refusal.
2. Should the inmate continue to refuse treatment, the licensed medical provider may contact the Medical Director at DSNF (or TPFW for females) to request a temporary transfer of the inmate so that he/she will be in proximity to the TDOC contracted hospital. Licensed medical staff shall document the refusal on the Problem Oriented Progress Record, CR-1884; Refusal of Medical Services, CR-1984; and on LIMA in e-TOMIS.
3. If it is documented in the health record that the inmate affirmed that he/ she would go to the scheduled appointment then refuses to be transported on the day of transfer, the inmate shall be charged \$10.00.

The inmate shall also be charged \$10.00 if he/ she has been transferred to DSNF for a specialty consult/ appointment and, once at DSNF (or TPFW for women), refuses to go to the scheduled clinic at the appointed time.



Effective Date: June 1, 2015	Index # 113.12	Page 4 of 4
Subject: SPECIALTY CONSULTANT SERVICES		

E. Documentation of Specialty Consultation Recommendations: Within seven days following the specialty consultation or procedure, the physician or contractor shall submit the results of the consultation and/ or procedure in a typed report which provides sufficient information to ensure continuity of care including:

1. Reason for consultation
2. Patient's chief complaint
3. History of present illness
4. Past medical history
5. Social history
6. Family history
7. Review of systems
8. Prescribed medications
9. Physical examination
10. Laboratory results
11. Diagnostic studies
12. Assessment/ Findings
13. Plan/ recommendations, including referrals for other needed specialty care

F. Post Consultation: Once the specialty consultation has been completed and unless the inmate needs additional care or procedures immediately, the inmate shall be returned to the sending institution. The institutional physician shall review the specialist's report with emphasis on the findings, treatment, and recommendations.

VII. ACA STANDARDS: 4-4348 and 4-4347.

VIII. EXPIRATION DATE: June 1, 2018.



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# Avascular necrosis

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## Overview

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Avascular necrosis is the death of bone tissue due to a lack of blood supply. Also called osteonecrosis, avascular necrosis can lead to tiny breaks in the bone and the bone's eventual collapse.

The blood flow to a section of bone can be interrupted if the bone is fractured or the joint becomes dislocated. Avascular necrosis is also associated with long-term use of high-dose steroid medications and excessive alcohol intake.

Anyone can be affected by avascular necrosis. However, it's most common in people between the ages of 30 and 60. Because of this relatively young age range, avascular necrosis can have significant long-term consequences.

## Symptoms

Many people have no symptoms in the early stages of avascular necrosis. As the condition worsens, your affected joint may hurt only when you put weight on it. Eventually, the joint may hurt even when you're lying down.

Pain can be mild or severe and usually develops gradually. Pain associated with avascular necrosis of the hip may be focused in the groin, thigh or buttock. In addition to the hip, the areas likely to be affected are the shoulder, knee, hand and foot.

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Some people develop avascular necrosis bilaterally — for example, in both hips or in both knees.

## When to see a doctor

See your doctor if you have persistent pain in any joint. Seek immediate medical attention if you believe you have a broken bone or a dislocated joint.

## Request an Appointment at Mayo Clinic

## Causes

Avascular necrosis occurs when blood flow to a bone is interrupted or reduced. Reduced blood supply can be caused by:

- **Joint or bone trauma.** An injury, such as a dislocated joint, might damage nearby blood vessels. Cancer treatments involving radiation also can weaken bone and harm blood vessels.
- **Fatty deposits in blood vessels.** The fat (lipids) can block small blood vessels, reducing the blood flow that feeds bones.
- **Certain diseases.** Medical conditions, such as sickle cell anemia and Gaucher's disease, also can cause diminished blood flow to bone.

For about 25 percent of people with avascular necrosis, the cause of interrupted blood flow is unknown.

## Risk factors

Risk factors for developing avascular necrosis include:

- **Trauma.** Injuries, such as hip dislocation or fracture, can damage nearby blood vessels and reduce blood flow to bones.
- **Steroid use.** High-dose use of corticosteroids, such as prednisone, is the most common cause of avascular necrosis that isn't related to trauma. The exact reason is unknown, but one hypothesis is that corticosteroids can increase lipid levels in your blood, reducing blood flow and leading to avascular necrosis.
- **Excessive alcohol use.** Consuming several alcoholic drinks a day for several years also can cause fatty deposits to form in your blood

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vessels.

- **Bisphosphonate use.** Long-term use of medications to increase bone density may be a risk factor for developing osteonecrosis of the jaw. This complication has occurred in some people treated with these medications for cancers, such as multiple myeloma and metastatic breast cancer. The risk appears to be lower for women treated with bisphosphonates for osteoporosis.
- **Certain medical treatments.** Radiation therapy for cancer can weaken bone. Organ transplantation, especially kidney transplant, also is associated with avascular necrosis.

Medical conditions associated with avascular necrosis include:

- Pancreatitis
- Diabetes
- Gaucher's disease
- HIV/AIDS
- Systemic lupus erythematosus
- Sickle cell anemia

## Complications

Untreated, avascular necrosis worsens with time. Eventually the bone may become so weakened that it collapses. Avascular necrosis also causes bone to lose its smooth shape, potentially leading to severe arthritis.

## Prevention

To reduce your risk of avascular necrosis and improve your general health:

- **Limit alcohol.** Heavy drinking is one of the top risk factors for developing avascular necrosis.
- **Keep cholesterol levels low.** Tiny bits of fat are the most common substance blocking blood supply to bones.
- **Monitor steroid use.** Make sure your doctor knows about any past or present use of high-dose steroids. Steroid-related bone damage appears to worsen with repeated courses of high-dose steroids.

By Mayo Clinic Staff

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MIDDLE DISTRICT OF TENNESSEE AT NASHVILLE**

**DARRELL WADE HEARD,**  
TDOC #370271,

PLAINTIFF,

VS.

TONY PARKER, Commissioner of  
T.D.O.C.; CENTURION OF  
TENNESSEE (MEDICAL); DR. HAU  
LA, M.D.; MR. SHOA MA, NURSE  
PRACTIONER; and DR. THOMAS J.  
LIMBIRD, M.D.,

DEFENDANTS.

CIVIL ACTION NO.3:17-cv-01248

Judge Aleta A. Trauger

---

**ORDER TO PRODUCE**

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In the interest of justice, and for good cause shown, a *Status Hearing* is scheduled in this matter for \_\_\_\_\_, 2018 at \_\_\_\_\_ a.m. / p.m. at the Federal Courthouse, Nashville, Tennessee before the undersigned. It is hereby ORDERED that the State of Tennessee and/or the Tennessee Department of Correction and/or the Warden of Riverbend Maximum Security Institution, 7475 Cockrill Bend Blvd, Nashville, TN 37209-1048, where Plaintiff is presently confined, produce and deliver plaintiff, Darrell W. Heard, *pro se*, TDOC No. 370271, to this hearing no later than \_\_\_\_\_ a.m. / \_\_\_\_\_ p.m. on \_\_\_\_\_, August \_\_\_\_\_, 2018, and return him back to Riverbend the same day. The Clerk of the Court is directed to send a copy of this Order to the Warden of Riverbend Maximum Security Institution, 7475 Cockrill Bend Blvd, Nashville, TN 37209-1048.

IT IS SO ORDERED.

\_\_\_\_\_  
JUDGE ALETA A. TRAUGER

CERTIFICATE OF SERVICE

I hereby certify that a true and exact copy of the above document was served upon:

**U.S. District Court**, Middle District Clerk, 801 Broadway Rm. 800 US Courthouse Nashville, TN 37203

**TONY PARKER**: T.D.O.C., 320 Sixth Ave., Rachel Jackson Bldg, Nashville, TN 37243

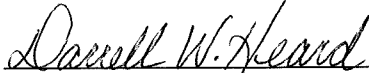
**CENTURION OF TENN. LLC**: 53 Century, Ste. 50, Nashville, TN 37214

**DR. HAU LA, M.D.**: C/O CENTURION OF TENN. LLC, 53 Century, Ste. 50, Nashville, TN 37214

**MR. SHOA MA, NURSE**: R.M.S.I. Medical DEPT, 7475 Cockrill Bend Blvd, Nashville, TN 37209

**DR. THOMAS J. LIMBIRD**: C/O Bryan Essary, Attorney, 315 Deaderick St., Ste. 1100, Nashville, TN 37238

via U.S. Mail, postage prepaid this 23<sup>rd</sup> day of Feb, 2018.

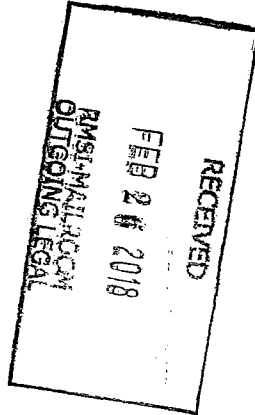
  
\_\_\_\_\_  
Darrell W. Heard, Plaintiff



DARRELL W. HEARD  
RMSI-#370271 5C-101  
7475 COCKRILL BEND RD.  
NASHVILLE, TN 37209-1048

CASE # 3:17-cv-01248

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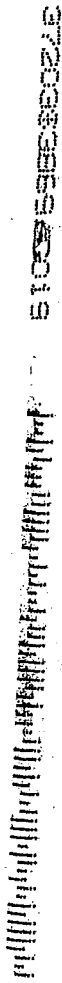


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FEB 28 2018

U.S. DISTRICT COURT  
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